

STANDARD: INTAKE/SCREENING

PURPOSE

The purpose of these standards is to provide direction and guidance to the Children and Family Services (CFS) programs regarding Intake/Screening services. These standards are intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

During the Intake/Screening process, Children and Family Services social workers and clinicians receive referrals, interview the referring party, determine the response priority, and determine if the referral falls within the mandate of the Child Protective Act for further assessment and services. These services are provided during normal work hours and after-hours, weekends and holidays by social work staff or contractors who are licensed social workers. The quality and completeness of the information gathered during this initial stage directly impacts actions and decisions made by the agency. Additionally, the initial contact with the agency is critical in establishing credibility and trust between the caller and the agency. Establishing credibility by providing clear information about the agency mandates and response procedures is good customer service and provides a foundation for future contact with the agency.

Obtaining complete and accurate intake information requires social workers to utilize competent interviewing skills in order to gather pertinent information and support reporters. Making accurate intake decisions requires social workers to be skilled in organizing and analyzing information to determine what action should be taken. Information provided by the reporter must be elicited and documented in detail. In addition, the reporter's fears and concerns should be acknowledged. Such concerns can range from fear that the family will retaliate to fear of having to testify in court. It is important for social workers to recognize that the referral is commonly made after giving much thought to the possible consequences of making or not making the referral. While gathering information from the reporter, the distinction between facts and the reporter's perception or judgment is important. Gathering sufficient information from the reporter allows the agency to:

1. Identify and locate the child(ren), parents, or primary caretaker;
2. Determine if the report meets the statutory guidelines for child maltreatment;
3. Assess the child's safety and the seriousness of their situation; and
4. Understand the relationship of the reporter to the family and the motivation of the reporter to make the referral.
5. Determine the priority of response.

Support and encouragement is provided to the reporter by:

1. Explaining the purpose and jurisdiction of CPS;
2. Emphasizing the importance of reporting and protecting children;
3. Addressing and acknowledging the fears and concerns of the reporter; and

4. Discussing rules of confidentiality.

DEFINITIONS

Intake:

Intake refers to all the activities necessary to receive referrals regarding child maltreatment, assess whether a referral will be accepted as a report of child abuse or neglect and determine IDHW's response and the urgency of the response.

Abandonment:

Failure to maintain a normal parental relationship with the child, without just cause for a period of one (1) year, constitutes prima facie evidence of abandonment. Physical neglect or temporary lack of supervision should not be considered abandonment.

Caregiver:

A caregiver is an adult responsible for the child's care, supervision, and welfare. Caregivers include the child's parent, guardian or custodian. Foster parents and relatives who are providing full-time care for the child are also considered caregivers. Temporary care providers such as day care providers, teachers or others who would be included in definition of Third Party are not considered caregivers under this definition.

Cumulative Risk:

Cumulative risk is a measurement of potential risk to a child based on a series or pattern of child protection referrals. It is critical to assess the potential risk indicated by more than one referral even when previous referrals have been screened out or dispositioned as unsubstantiated. The assessment of each referral must consider previous referrals to determine whether the referral is assigned for risk assessment and a response priority given to the referral. A referral should be assigned for risk assessment when the history of referrals indicates potential risk to the child even when that referral would not, in and of itself, meet the standard for assignment.

Information and Referral:

Information and Referral (I&R) is the designation given to those referrals containing concerns regarding the welfare of a child that are screened out because they do not meet the agency's definition of abuse, neglect, or abandonment. Other examples include third party referrals or when all of the reported concerns had been previously assessed and no new information indicates further review. Referrals where the alleged maltreatment happened in the past and those concerns which have no evidentiary basis are designated as I&R (example: a child that had bruises resulting from being slapped and the incident occurred one year prior to the report and there is no current evidence indicative of abuse).

Medical Neglect occurs when needed physical or dental health care is not provided for a child. However, it is not considered medical neglect if the tenants of the family's religion include healing by prayer or other spiritual means rather than conventional medical treatment. In cases where medical care is contrary to the spiritual beliefs of the family, emergency life-saving medical treatment will be administered by a judge's order rather than the signature of a Departmental employee.

Physical Abuse:

Physical abuse has occurred when a child has been a victim of physical injury as the result of action or inaction by a parent, guardian or other caretaker. Physical abuse may be indicated when the child's injury cannot be explained as accidental or the explanation does not match the injury. Examples of physical abuse include:

- Bleeding
- Burns
- Human bites
- Marks or swelling
- Broken bones
- Bruises
- Pattern of repeated "accidental" or unexplained injury
- Injuries sustained from shaking.

Physical Neglect occurs when parents or other caregivers are not providing for a child's basic needs such as food, safety, shelter, clothing, etc. Physical neglect includes lack of supervision and not adequately providing for the child's safety.

Service Need Only Referrals:

"Service Need Only" referrals are services for the child/family when there is no allegation of child abuse, neglect, or abandonment. These referrals will be handled by an integrated services team.

Examples of "service need only" referrals are those referrals where the identified action by the agency is to utilize Emergency Assistance funds or assist a family who is experiencing a crisis due to conditions of poverty.

In "service needs only referrals, child maltreatment is not a component of the referral. Although an assessment of need is conducted, it is not a risk assessment for child abuse or neglect. Referrals that indicate concern regarding risk of harm to children should be assigned a priority response and an assessment of safety and risk should be completed..

Sexual Abuse:

Sexual abuse is the use of a child in a sexual way or for sexual gratification by a parent, guardian or other caretaker. It may be sexual touching, molestation, incest, rape, or taking pictures of a child for obscene or pornographic purposes.

Third Party:

Third party refers to someone outside the parental home who is not a primary care provider or legal custodian of the child and who no longer has access to the child. Third party referrals are defined as those referrals where the parent/caregiver is protective of the child. These referrals are referred to law enforcement for investigation as the child is being protected.

STANDARDS

INFORMATION COLLECTION

Referrals are received by agency staff through in-person contacts, by telephone, and in writing, 24 hours a day, 7 days a week. The intake social worker gathers complete and accurate information from the reporter. The quality of the information elicited from the reporter determines the CPS intervention, the level of risk to the child, and the urgency of the response. Information gathering should focus on demographic information about the child and family, information about the alleged maltreatment, and information about the child, the parents, other caretakers and the family.

Procedure for Information Collection

Social workers/clinicians receiving a child protection referral will:

- Interview the reporting party in an effort to obtain accurate and complete information;
- Collect information in an objective, neutral, unassuming, and understanding manner;
- Encourage the referring party to provide detailed information about the alleged abuse, neglect, abandonment, and other concerns;
- Collect pertinent identifying information about the children, parents, other primary caregivers, other household members, persons allegedly responsible for the maltreatment, and other individuals who may have information about the child and family;
- Collect identifying information on the referring party, how they became aware of the situation, and their reasons for contacting the agency at this time;
- Inquire as to the referring party's opinion of what they feel should occur in response to the referral and their interest in remaining involved;
- Provide the referring party with information about the agency's process of responding to child protection referrals and what the referring party can expect from the agency;
- Provide the referring party with information about agency and community resources, if indicated;
- Advise the referring party that information provided in the referral will be provided to law enforcement.
- Obtain and review all prior child protection referrals regardless of disposition. The intake summary sheet, generated from FOCUS, will automatically include all FCSIS and FOCUS referrals. However, if the individual's record was not key-changed, it will not bring the history forward. Therefore, prior referrals should be reviewed in FOCUS or printed and attached to the referral.
- Obtain information from law enforcement, child protection information from other states, etc. if there is reason to believe the child/family may be known by those agencies.
- Should information indicate that it would be unsafe for a social worker to visit the residence, law enforcement must be contacted and requested to accompany the social worker.

ANALYSIS AND DECISION-MAKING

Child welfare staff will analyze available intake information to determine whether the information supports that a child has been abused, neglected, or abandoned according to agency definitions.

Procedure For Analysis And Decision-Making

Referrals are accepted for risk assessment when:

- A child(ren) under the age of 18 years has allegedly been abused, neglected, or abandoned; and
- The child's parent, guardian, or legal custodian are allegedly responsible for the abuse, neglect, or abandonment through action or inaction (example: not protective of the child and the alleged perpetrator has access to the child); and
- The alleged incident or cumulative risk (see note below) meets the agency's definition of abuse, neglect, or abandonment and criteria of the agency's Priority Response Guidelines.

Note: All previous referrals should be considered in making the decision (cumulative risk) to accept a referral for risk assessment. The intake staff/supervisor should pay particular attention to multiple referral sources, the source of the referrals, the dispositions, and the period of time between referrals. Consideration should also be given to whether or not services have been previously provided and if the services were effective.

Reports are not accepted for risk assessment (but documented in FOCUS as I&R) when:

Age.

- The alleged victim is under 18 years of age and is married;
- The alleged victim is unborn; or
- The alleged victim is 18 years of age or older at the time of the report even if the alleged abuse occurred when the individual was under 18 years of age; If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled) all pertinent information should be forwarded to Adult Protective Services and law enforcement;

No Current Evidence.

- There is no current evidence of physical abuse or neglect and/or the alleged abuse/neglect/abandonment occurred in the past and there is no evidence to support the allegations.

Third Party.

- Allegations that a child has been abused or neglect by someone outside the child's home who is not a parent, guardian, or legal custodian and the parent/caregiver is protecting the child from future risk of child abuse and/or neglect. All allegations that a criminal act may have taken place must be forwarded to law enforcement;

Domestic Violence.

- Allegations are that a child has witnessed domestic violence or been present during an incident of domestic violence, but the child did not sustain physical injury. All allegations that a criminal act may have taken place must be forwarded to law enforcement;

Drug Use.

- Allegations report the child's parents or caregiver use drugs, but there is no reported correlation between drug usage and specific neglect/abuse of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement;

Parental Lifestyle.

- Parental lifestyle concerns exist, but don't result in specific neglect/abuse of the child;

Poverty.

- Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.

Headlice.

- Allegations are that children have untreated head lice without other medical concerns;

Child Custody.

- Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect;

Duplicate Referrals.

- More than one referral describing the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county Multi-disciplinary Team for recommendations in planning a response.

New Presenting Issues on the Same Family:

Presenting issues that are reported by different referents but within close time frames of each other (one week) and contain identical referral information shall be combined with the original presenting issue. The new referral will be documented as information and referral and will state the concerns are being addressed in "presenting issue number ____." Verification must be made with the social worker assigned to the case that the information in the new referral was or will be assessed when the social worker sees or will see the child, the parent/caregiver, and the home.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into FOCUS and the social worker will respond according to the Department's priority response guidelines.

FOCUS documentation. Reports that **contain concerns** regarding the welfare of a child but do not meet the agency's definition of abuse, neglect or abandonment are entered in FOCUS as information and referral (I & R).

Contacts that **do not contain concerns** for the welfare of a child should not be documented in FOCUS.

Examples of calls not to be documented in FOCUS may include:

- Call to receive referrals of the names and addresses of dentist, physicians, or other providers.
- A date the school is initiating a new parent education class.

Special Circumstances:

- **Allegations involving Indian children**

If the referral involves an Indian child of an Idaho tribe, the social worker will follow any tribal specific protocol developed with the tribe. If the alleged child abuse or neglect occurs outside of reservation boundaries, the department shall perform the assessment. The department may also assess incidents reported on a reservation if requested to do so by appropriate authorities of the tribe. A record of any response shall be maintained in the case record.

Whenever an Indian child is removed from his/her home, the child's tribe must be notified according to the Indian Child Welfare Act.

- **Allegations involving military personnel**

Reports of possible child abuse, neglect or abandonment involving a military family will be reported in accordance with the provisions of any agreement with the appropriate military family advocacy representative, in accordance with the provisions of Section 811 of Public Law 99-145. Child abuse, abandonment, or neglect of a child on a military base falls under federal jurisdiction. In most instances the IDWH social worker and the military representative will work together during the assessment. IDAPA 16.06.01.557

- **Allegations involving IDHW employees or their families, elected officials, law enforcement, employees of other community agencies or other situations with potential for conflict of interest or media attention.**

Whenever possible, referrals and requests for services should be handled within the region having geographical jurisdiction. The Regional CFS Program Manager or designee will determine if a referral or request for services will be conflicted to another Region. If the Program Manager or designee determines that a conflict or potential conflict exists, they will contact the program manager or designee in a neighboring Region to arrange for that Region to assume responsibility for the involved referral or request for services. Timeliness in arranging for the transfer of a referral or request for services is critical in order to allow the receiving Region adequate time to comply with timeframe requirements. If a potential conflict is discovered in the process of responding to a referral or request for services, that Region should make every effort to complete tasks with imminent time requirements and find a "natural" transition point to transfer the referral or request for services to another Region.

The following examples are provided as guidelines only.

Referrals or requests for services that might be considered to be conflicted to another Region include those involving the following:

- Children and Family Services staff or their immediate family.

- Elected officials or law enforcement personnel serving throughout the Region.

In some situations, a field office located in a different county within the Region might be assigned the referral or request for services if that assignment would reduce or remove the potential conflict. Examples of referrals or requests for services that might be handled within a Region include the following:

- Department employees working in a regional program other than Children and Family Services.
- Extended family members of Department employee, contractors, or community agency personnel.
- Elected officials or law enforcement personnel whose jurisdiction is limited to a city or county within the Region.

Referrals involving potential conflicts should be handled as follows:

- Allegations involving IDHW employees or their family members-
The intake supervisor should contact their Regional CFS Program Manager to determine whether the assessment should be conducted by another field office or region. If, in the course of conducting an immediate safety/risk assessment, a social worker becomes aware of a conflict of interest, they will complete the immediate safety assessment to ensure compliance with priority response guidelines.
- Allegations involving elected officials.-
The intake supervisor will contact their Regional CFS Program Manager regarding the allegations. A priority response and assignment for risk assessment will be made according to the agency's priority response guide and this standard.
- Allegations involving law enforcement, prosecutors or employees of other community agencies-
The intake supervisor will contact their Regional CFS Program Manager. The Regional CFS Program Manager will determine whether the assessment should be conducted by another field office or region.
- Referrals involving potential media attention-

CFS employees will immediately inform their Program Manager whenever they become aware of a situation involving potential or actual media attention to a case handled by the program. The Regional CFS Program Manager will inform their Regional Director as well as the FACS Division Administrator and/or Deputy Division Administrator and the Department's Public Information Officer of **all cases involving media attention or potential media attention.** Any communication with outside inquiries will be

channeled through the Regional Director or Program Manager who will contact the Department's Senior Public Information Officer about the inquiry.

In **all** allegations involving IDHW employees, an elected official, law enforcement, prosecutors, employees of other community agencies or others with a potential for conflict of interest or media attention, the Regional CFS Program Manager will use the lock feature in FOCUS to preserve the confidentiality of the individual(s) involved.

- **Infants and small children who are particularly vulnerable.**
If CFS receives a referral that does not clearly fall within the child protection mandate, but indicates potential risk of harm to infants or children with special needs, the intake supervisor has the discretion of assigning the referral for assessment. After an assessment, supportive services such as parent education, health services, or child care may be offered, as indicated by the assessment.
- **Educational neglect**
Idaho law mandates a child be in school between 7-16 years of age. School districts with referrals regarding poor attendance and truancy issues will be referred to the county prosecuting attorney for possible legal action. Referrals may be assigned a priority response for risk assessment when a child is believed to be missing school because the parent/caregiver is neglecting or abusing the child.

Referrals regarding the quality of home schooling should be recorded for information and referral as Idaho has no criteria or standards for home schooling.

DATA ENTRY/DOCUMENTATION

Social workers receiving child protection intake information shall document that information in sufficient detail to justify intake decision-making. If information is not available, it should be so documented. (**Intake Requirements for /FOCUS PI will be furnished from FOCUS in the Proposed CFS/FOCUS manual**)

INTAKE SUPERVISORY REVIEW, APPROVAL AND ASSIGNMENT FOR INITIAL RISK ASSESSMENT

Supervisory consultation and direction shall be an on-going part of the intake process. Intake social workers shall submit all intake information for supervisory review and approval. The intake process is complete when all relevant information has been documented, the intake information has been reviewed and approved by the supervisor, and when the intake has been assigned for risk assessment or screened out.

Procedures for Intake Supervisory Review, Approval and Assignment for Initial Risk Assessment

Intake supervisors shall review all information to determine that:

- The intake information has been accurately and fully documented;
- The documented information is relevant and sufficient to make the required intake decisions;
- The intake supervisor concurs with any decisions made by the intake worker;

- The intake document contains all relevant supporting documentation such as prior referrals, police report, medical reports, etc;
- Supervisory approval indicates the supervisor has reviewed the intake information and agrees with any decision or action taken by the intake social worker.
- The supervisor shall assign a priority to the referral according to the agency's priority guidelines or screen out as Information and Referral (I&R). If the referral is assigned a priority different than designated by the priority guidelines or if the referral is screened out, the supervisor shall document their rationale in FOCUS.

In all referrals prioritized as I and II, copies of intake documents (FOCUS – PI's) must be provided to law enforcement having jurisdiction for the area in which the reported abuse/neglect/abandonment took place. Local MDT or law enforcement protocols should be followed as applicable.

Note: If any information is missing or incomplete, the supervisor shall obtain an explanation from the intake social worker or direct the intake social worker to obtain and document the additional information.

NOTIFICATION TO THE REFERENT

According to IDAPA 16.06.01.554.04, the IDHW, Children and Family Services, shall provide the reporting individual confirmation of the receipt of the referral within five (5) days of receiving the referral. This includes referrals entered as information and Referral as well as referrals that are prioritized for risk assessment.

A return phone call to the referent is preferred, especially for regular reporters such as school personnel. The return call must be documented in FOCUS. If the volume of return calls poses a capacity issue, a letter, such as the one attached to this standard, is sufficient.

REFERENCES

FACS Practice Manual. Child and Family Services Priority Response Guidelines.
 IDAPA 16.06.01.070 Standards for Safeguarding Information Concerning Applicants and Recipients of Service.
 IDAPA 16.06.01.551. Reporting Abuse, Neglect or Abandonment
 IDAPA 16.06.01.552. Reporting System
 IDAPA 16.06.01.553. Assigning Report for Risk Assessment
 IDAPA 16.06.01.554. Response Priorities (including notification of referent)
 IDAPA 16.06.01.556 Allegations Involving Indian Children
 IDAPA 16.06.01.557 Allegations Involving Military Personnel

Any variance to these standards shall be documented and approved by the Division Administrator, unless otherwise noted.

INTAKE REPORT GUIDE

**This is a guide to assist you in asking questions and is not intended to be all inclusive.
Use open ending questioning techniques and avoid asking leading questions whenever possible.**

1. Who	Children's, Parent/Caretaker, Alleged Perpetrator, other Household members Name (include nicknames), Sex, Race, Age/Birth date, Relationships
2. What	What happened to the children in simple terms? Did you see any physical evidence of abuse or neglect? Is there anything that makes you believe the child is in immediate danger?
3. When	Approximately when did the incident occur? When was the last time you saw the child?
4. Where	Where did the alleged abuse or neglect take place? Where does the child attend school or day care? Current location of child(ren), parent/caretaker, alleged perpetrator
5. How	How do you know what happened with the family? How long has this been going on?
6. Strengths	What are the strengths of this family? How do family members usually solve this problem? What is important to know about this family's culture? Are the parents employed? Where? What supports are available- i.e. family, friends, and church? List Family, Relative, or other supports that could assist.
7. Safety Factors	Have the police been called to the home previously? Are you aware of any safety issues for a worker going to the home? If so, what? What do you think can be done to make the child safer? What prompted you to call today?
8. Physical Abuse	Where was child when abuse occurred? Describe the injury. What part of the body was injured? Any need for medical treatment? What are children, parent/caregivers explanation? Did anyone witness the event? Are any family members taking protective action? If the child is injured from discipline, please describe injuries and the instrument used.
9. Sexual Abuse	Where was the child when the abuse occurred? To whom did child disclose the abuse? What is alleged perpetrators access to the victim or other children? What is the relationship of the child to the alleged perpetrator? Has the child had a medical exam?
10. Neglect	What is it about the child's living environment that makes it unsafe? Does parent/caretaker provide adequate food, clothing, and shelter? Is parent/caretaker ensuring child receives proper medical? Basic education? What is the appearance of the child?
11. Abandonment (Physical Neglect)	How long has he parent/caretaker been gone? Did the parent/caretaker make arrangements with someone to care for the child?
12. Domestic Violence	Do you know of any of any violence in the home? Can you describe how the violence is affecting the child? Have the police ever been called to the house to stop assaults against either adults or children?
13. Substance Abuse	Are you concerned about a family member's drug/alcohol use? How does the substance use affect parent/caretaker ability to care for the child(ren)?
14. Supervision	Is the child left alone? If yes, how long is the child unsupervised what is age and does the child have any special needs? What is the child's ability to contact emergency personnel? Is the child caring for other children? How is the parent/caretaker's ability to provide supervision compromised?
15. Drug Exposed Infant	What is the present physical condition of the child? If the baby is in the hospital, is he/she scheduled to be released soon?

SAMPLE REFERENT LETTER

[Date]

[Referent Full Name]

[Referent Address]

[Referent City, State, Zip Code]

Dear _____:

The purpose of this letter is to acknowledge the Department of Health and Welfare's receipt of child protection concerns regarding (child's name) on (date).

Upon receipt of allegations that a child has been abused, neglected, or abandoned, a Children and Family Services supervisor reviews all available information to determine if the concerns meet Idaho's definition of abuse, neglect, or abandonment. If that definition is met, the referral is assigned to a social worker and the social worker will meet with the child and the child's parent(s) to complete a risk assessment. You could be contacted by a social worker to verify information you provided or to request additional information.

If the situation does not meet Idaho's definition of abuse, neglect or abandonment, the information you provided will be entered into our information system for future reference and not assigned to a social worker.

Please contact us if you have new information or continued concerns.

Thank you for your referral.

Sincerely,

[Worker Name], [Worker Title]
Children and Family Services